FERRIS STATE UNIVERSITY

St. Clair County Community College/Port Huron/ Southeastern MI Regional Center

(Partnership for Financial Aid students attending both Ferris State University and St. Clair Community College)

This form **must be filled out each semester** before aid for consortium students can be disbursed even if you are enrolled in FSU or SCCC classes only. It is assumed that you have already filed your Free Application for Federal Student Aid (FAFSA).

Specify the semester you are applying for: ☐ Summer 20___ (May-Aug) ☐ Fall 20___ (Aug-Dec) ☐ Spring 20___ (Jan-May)

1. Student Name:_____

2. Student ID #: _____Phone: (____)_____

3. Email Address: _____

4. Number of **Ferris State University** hours in which you are enrolled._____ _____

5. Number of **St. Clair County Community College** hours being carried for above semester _____
   Classes must be applicable to the Ferris degree program that you are enrolled in.
   Attach a copy of class schedule.

6. Are you eligible for any other form of tuition supplement through a waiver or employer reimbursement?
   ☐ Yes ☐ No **(If yes, please provide documentation.)**

7. As a consortium student, I authorize the appropriate staff members of the financial aid, business, and registrar offices at Ferris and SCCC to exchange information on my application, to discuss my financial situation and to provide each other with necessary academic information such as hours attempted, hours completed and course grades each semester so that satisfactory progress can be determined.

FSU Curriculum:_____ Signature:_____Date:_____

Checklist (all criteria must be met before eligibility for financial aid can be determined)**:**

☐ 56 transferable credits or associates degree accepted by Ferris State University.

☐I have completed this form and have attached a copy of my SCCC class schedule.

☐Please mail or fax this form with your SCCC class schedule to: **FAX: (810) 232-8430**

Southeast Michigan Regional Center/FSU
1401 E. Court, MMB 1008
Flint, MI 48503-2089
866-387-9430

Students: Do not write below this line.

For Dean's Office Use:

Complete for current semester (F, SP, S /Year): _____

FSU Hours: _____

SCCC Hours applicable to FSU degree: _____

Total combined hours toward degree: _____

Financial Aid Office Use:

RAR_____
SHAT_____
SGA_____
RBAB_____
WRD_____
SFA_____

Dean's office designee or advisor signature:_____Date:_____

Dean's Office: Return completed form to:

Office of Scholarships and Financial Aid
Ferris State University
1201 S. State St. CSS 201 T
Big Rapids, MI 49307
Attn: Chris Higley